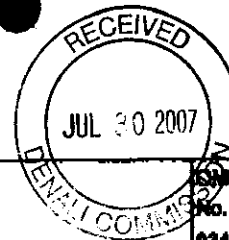


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 195-05	OMB Approval No. 0348-0038	Page of 1 of 1 pages
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3. Recipient Organization (Name and complete address, including ZIP code)
First Alaskans Institute, 606 E Street, Suite 200, Anchorage, AK 99501

4. Employer Identification Number 92-0174854	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 9/1/2005	To: (Month, Day, Year) 8/30/2007	9. Period Covered by this Report From: (Month, Day, Year) 3/1/2007	To: (Month, Day, Year) 6/30/2007
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10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	161,992.74	55,807.59	217,800.33
b. Recipient share of outlays	32,092.05	15,964.78	48,056.83
c. Federal share of outlays	129,900.69	39,843.10	169,743.79
d. Total unliquidated obligations			0.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share(Sum of lines c and f)			169,743.79
h. Total Federal funds authorized for this funding period			250,000.00
i. Unobligated balance of Federal funds(Line h minus line g)			80,256.21

11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
	b. Rate .3858	c. Base \$238,095	d. Total Amount 68,523.74	e. Federal Share 11,905.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

Cumulative Administrative Costs Through June 30, 2007 = \$7,767.35

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title Greta Goto, Director, Alaska Native Policy Center	Telephone (Area code, number and extension) (907) 677-1700
Signature of Authorized Certifying Official 	Date Report Submitted July 25, 2007

ACCEPTED